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[In reply to the preceding letter we would say that it is impossible to give any hard and fast ruling in regard to a matter of this kind. The requirements of the law of each state would have to be considered separately, and the latitude allowed the board of examiners in determining such questions. We would suggest that a nurse finding herself deficient and wishing to prepare herself for registration should apply to the board of examiners of her own state, stating plainly where her training is lacking, and let such a board determine what further training she needs to take. It might be that she had graduated from a school giving no experience in the nursing of children or obstetrics, and that a postgraduate course would be all she would need. On the other hand, the conditions of the state law might be so rigid that only by taking a training all over again in a hospital of proper standards could she be made eligible. We are sure that many boards have had such questions referred to them, and we wish this writer might have the benefit of their experience through our pages which would also be helpful to others.—ED.]

BETTER KNOWLEDGE OF HOSPITAL MANAGEMENT NEEDED

DEAR EDITOR: Do hospitals in general give their nurses enough training in hospital management? Is it just, either to them or to the hospital, to leave the nurses in entire ignorance of the enormous expense necessary to run a large hospital properly?

I have been a dietitian for the past ten years, and in that time have worked in several different hospitals. I come in personal contact with the nurses more than the other heads of departments do, the nurses have always talked to me freely, and in this way I have become acquainted with many ideas and opinions which they hold in common.

First of all, nurses in general are fault-finders. If they were running the hospital they could do it much better than the people who, through some mismanagement, have been put in charge. Of course they do not say this, but that is the idea conveyed. The food never suits them, either for themselves or the patients. If they kept these ideas to themselves they would do no particular harm, except as the habit of grumbling is always more or less harmful; but unfortunately they often talk to the patients in the same way, and sometimes to the doctor if he happens to be the kind of man who will listen to them.

Another curious idea they have is that all the money taken in from a patient should be put back into the care and feeding of that particular patient. Let me give you an example (one of many that have come under my personal observation).

A patient is paying twenty-five dollars a week for a room, and fifteen dollars a week for a special nurse (pupil nurse). This nurse seemed to have the idea that the patient was paying forty dollars a week for his room and board, and was racking her brain to think of special things to order for him, that he might have the worth of his money. She expressed her mind on the subject to me one day, which gave me the opportunity to correct a few wrong impressions. I asked her where she supposed the money came from to feed and house the nurses who care for the patients; to hire and feed the army of help required to keep a hospital in immaculate condition, so that patients would care to come into it; to buy and replace furniture, dishes, cooking utensils, expensive instruments, rubber goods; to keep the building in repair; and all

the thousand and one things that had never entered her head. I tried to make her understand that a patient is not simply paying for room and board; he is paying for the convenience of being sick in an institution kept up for that purpose; kept immaculately clean; furnished with expensive appliances which few people would care to buy and keep at home; supplied with a sufficient number of trained women to humor his whims, minister to his needs, and fulfil his wants before he realizes what they are himself.

I really felt that I made some impression on her mind, that she gained some ideas she had never had before; but she is only one of fifty nurses in training in this one hospital. It is not my business or duty to train them along those lines, but it seems to me some one should. They would be better for knowing some of the inner workings of their hospital. Later on many of them go into other hospitals to take positions, and the habits of grumbling and fault-finding go with them many times. It is surprising to learn how many head nurses in responsible positions are ignorant along these same lines, and, unless they take positions at the head of hospitals, how many of them remain in ignorance through years of hospital work.

Would it not benefit both the hospital and the nurses if they could be given an insight into the real business management of the hospital, through lectures or lessons, or, if possible, practical work?

Ohio.

I. M. B.

USE OF ALCOHOL IN HOSPITALS

DEAR EDITOR: I think many of your readers will be interested in the following extract from a letter which, though not addressed to me, has been placed in my hands with full permission to use it. The writer says:

"I have been through a typhoid siege this winter and that without alcohol. By the time it was decided what was the matter with me I was too ill to be taken to my own home, and so went to a hospital. Fortunately for my peace of mind and, perhaps, for my good, I came under the care of a physician who does not believe in the use of alcohol, so I was saved the possible complication, which I dreaded, of having that issue raised. Of course, in so large a hospital such a matter depends altogether on the senior visiting physician, and I might easily have been brought under another 'service' where the alcohol would have been given.

"After my recovery, I asked this physician why he does not use alcohol in his practice, and his answer was brief and to the point. 'Tisn't any good.'

"He said there were only two cases in which he employed it: when it was necessary to get immediate excitation, which alcohol would produce before better stimulants would act, but the latter would take effect before alcoholic depression would set in. The other he said I probably wouldn't approve of (and I certainly wouldn't), but occasionally he prescribed a small amount of port wine to give a little fillip to a capricious or sluggish appetite. But he said that in several months of hospital practice with hundreds of patients he thought he had not signed more than three or four of the slips required for any form of alcohol.

"I am convinced, however, that there is one line at which greater work must be pressed, the matter of alcoholic flavoring of the delicacies prepared for convalescents. My nurses were as good as could be about it, after they found